

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 1j

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: February 1, 1999

CATEGORICALLY NEEDY

- 4.b Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(4) RESERVED

(5) Private Duty Nursing Services for High Technology Non-Ventilator Dependent Recipients

Services are limited to eligible Medicaid recipients in the EPSDT Program. Private duty nursing services for non-ventilator dependent recipients include patients requiring the following services:

- (1) Prolonged Intravenous Drugs
- (2) Parenteral Nutrition
- (3) Oxygen Supplementation
- (4) Tube Feeding (gastrostomy, naso/or gastric feedings)
- (5) Peritoneal Dialysis

These services require prior authorization. Services may be provided in the recipient's home, a Division of Developmental Disabilities (DDS) community provider facility or a public school. (Home does not include an institution.)

Refer to Attachment 3.1-A, Page 3d, Item 8 and Attachment 3.1-B, Page 4a, Item 8 for coverage information for private duty nursing services for ventilator-dependent recipients.

STATE <u>Arkansas</u>	A
DATE REC'D <u>12-1-98</u>	
DATE APP'D <u>8-6-99</u>	
DATE EFF <u>2-1-99</u>	
HCFA 179 <u>98-25</u>	

SUPERSEDES: TN - 97-08

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Revised: February 1, 1991

- 4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

6. Cochlear Implants

Coverage of Cochlear implantation is limited to recipients in the EPSDT Program. This procedure requires a prior authorization.

STATE	<i>Arkansas</i>	A
DATE REC'D	<i>APR - 4 1991</i>	
DATE APPV'D	<i>MAY - 9 1991</i>	
DATE EFF	<i>EEB - 1 1991</i>	
HCFA 179	<i>91-13</i>	

Supersedes: 90-16

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Revised: December 1, 1991

CATEGORICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(7) Dentures

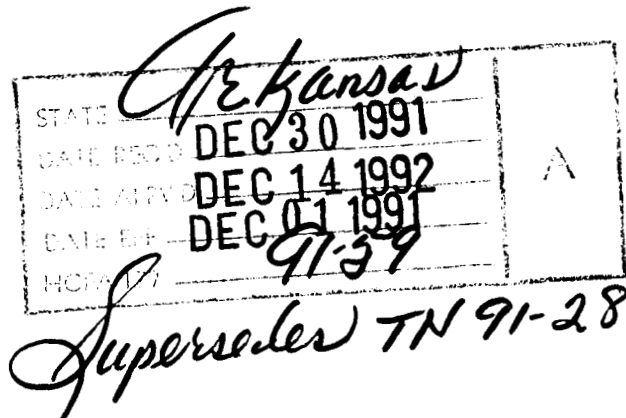
Dentures are provided to eligible Medicaid recipients in the Child Health Services (EPSDT) Program with prior authorization from the Medical Assistance Section.

(8) Hearing Aid Dealers

Supplies prescribed instrument after medical clearance and upon recommendation of an audiologist to eligible recipients in the Child Health Services (EPSDT) Program. Maintenance of instrument provided with prior approval from the Utilization Review Section.

(9) Audiologist Services

Provision of audiometric testing and hearing aid evaluation to eligible recipients in the Child Health Services (EPSDT) Program.



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4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and
Treatment of Conditions Found. (Continued)

(10) Hearing Aids

The provision of hearing aids, accessories and repairs for eligible Medicaid recipients in the Child Health Services (EPSDT) Program with prior authorization from the Utilization Review Section. Hearing aid is limited to two appliances per six month period. With prior authorization, additional services may be provided if medically necessary.

(11) Eye Prostheses

Eye prostheses are provided for eligible Medicaid recipients in the Child Health Services (EPSDT) Program with prior authorization from the Medical Assistance Section.

(12) Desensitization Injections

Limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.

STATE	ARKANSAS	A
DATE REC'D	JUL 07 1991	
DATE APPV'D	NOV 19 1991	
DATE EFF	JUL 01 1991	
HCEA 179	91-28	

Supersedes: 91-15; 90-02

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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

December 1, 1991

CATEGORICALLY NEEDY

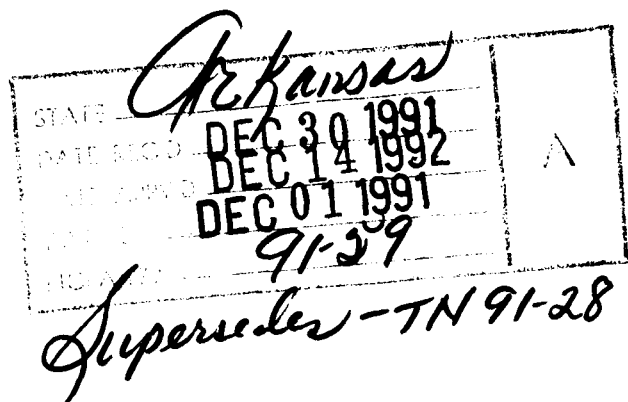
4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and
Treatment of Conditions Found. (Continued)

(13) Psychology Services

(1) **Services are limited to eligible Medicaid recipients in the Child Health
Services (EPSDT) Program.**

(2) Services must be provided by a licensed psychologist and prescribed by a
physician. Outpatient Psychology services are as follows:

- a. Diagnosis
- b. Diagnosis - Psychological Test/Evaluation
- c. Diagnosis - Psychological Testing Battery
- d. Interpretation of Diagnosis
- e. Crisis Management Visit
- f. Individual Outpatient - Therapy Session
- g. Marital/Family Therapy
- h. Individual Outpatient - Collateral Services
- i. Group Outpatient - Group Therapy



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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

October 1, 1999

CATEGORICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(14) RESERVED

(15) Physical Therapy and Related Services

a. Physical Therapy

- (1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) Effective for dates of service on or after **October 1, 1999**, evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit will be provided if medically necessary.
- (3) Services must be prescribed by a physician and provided by or under the supervision of a qualified physical therapist.
- (4) Effective for dates of service on or after **October 1, 1999**, individual and group therapy are limited to four (4) units per day. One unit equals 15 minutes. Extensions of the benefit limit will be provided if medically necessary. Prior authorization is required.

STATE <u>Arkansas</u>	A
DATE REC'D <u>8-3-99</u>	
DATE APP'D <u>9-27-99</u>	
DATE EFF <u>10-1-99</u>	
HCFA 179 <u>99-14</u>	

SUPERSEDES: TN - 98-22

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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: October 1, 1999

CATEGORICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found.
(Continued)

(15) Physical Therapy and Related Services (Continued)

b. Occupational Therapy

- (1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) Services must be prescribed by a physician and provided by or under the supervision of a qualified occupational therapist.
- (3) Effective for dates of service on or after **October 1, 1999**, evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit for the evaluation will be provided if medically necessary.
- (4) Effective for dates of service on or after **October 1, 1999**, individual and group occupational therapy are limited to four (4) units per day. One unit equals 15 minutes. Extensions of benefit limit will be provided if medically necessary. Prior authorization is required.

c. Services for individuals with speech, hearing and language disorders (provided by or under the supervision of a speech pathologist or audiologist)

- (1) Speech language pathology services are limited to Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) Speech pathology services must be referred by a physician and provided by or under the supervision of a qualified speech pathologist.
- (3) Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One (1) unit equals 30 minutes. Extensions of the benefit limit for the evaluation will be provided if medically necessary.
- (4) Effective for dates of service on or after **October 1, 1999**, individual and group speech language pathology services are limited to four (4) units per day. One unit equals 15 minutes. Extension of the benefit limit will be provided if medically necessary. Prior authorization is required.

Individuals residing in hospitals and nursing care facilities are not eligible for occupational therapy, physical therapy and speech pathology services under the optional therapy program. These services are included as part of the institutional package of services.

Individuals residing in residential care facilities and supervised living facilities are eligible for these therapy services when provided on or off site from the facility.

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DATE REC'D	<u>8-3-99</u>
DATE APP'D	<u>9-27-99</u>
DATE EFF	<u>10-1-99</u>
MOCA	<u>99-14</u>

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SUPERSEDES: TN. 98-22

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AMOUNT, DURATION AND SCOPE OF
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Revised: June 1, 1998

CATEGORICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(16) Dental Services

- (1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) Procedures which may be provided to recipients in the Child Health Services (EPSDT) Program without prior authorization are:
 - a. Initial radiographs taken in conjunction with preparation of a treatment plan.
 - b. Prophylaxis and topical flouride for children in the Child Health Services (EPSDT) Program.
 - c. Emergency treatment. One visit without prior authorization is payable for any emergency. Procedures payable without prior authorization when provided as emergency care include:
 1. All necessary radiographs.
 2. Extraction of up to three teeth for relief of pain or acute infections.
 3. Control of bleeding.
 4. Treatment for relief of pain resulting from injuries to the oral cavity or related services.
 5. Emergency services provided to patients in hospitals or long term care facilities.

All other procedures require prior authorization from the Medical Assistance Section. A full mouth radiograph is limited to once every five years, except under unusual circumstances, (e.g. traumatic accident). **Initial oral exam, prophylaxis, flouride treatment, bite-wing X-rays and scaling are limited to one per state fiscal year (July 1 through June 30). This benefit may be extended if documentation verifies medical necessity. Periapical X-rays are limited to four (4) per recall visit.**

STATE <u>Arkansas</u>	A
DATE REC'D <u>May 20, 1998</u>	
DATE APPV'D <u>July 29, 1998</u>	
DATE EFF <u>June 1, 1998</u>	
HCFA 179 <u>98-07</u>	

SUPERSEDES: TN - 91-59

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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

February 15, 1995

CATEGORICALLY NEEDY

4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

17. Rehabilitative Services for Persons with Physical Disabilities (RSPD)

a. Residential Rehabilitation Center Services

- Restorative Therapies
- Behavioral Rehabilitation
- Life Skills Training for Rehabilitation
- Individual and Group Counseling
- Assessment Services
- Nursing Care

Residential Rehabilitation Center Services are available to eligible Medicaid recipients under age 21 in the Child Health Services (EPSDT) Program. There is no established benefit limit other than medical necessity as determined by the Professional Review Organization (PRO). The medical necessity criteria includes need for services in the residential setting. Persons needing rehabilitative services on a less intense basis than provided in the inpatient setting may receive outpatient rehabilitative services through other appropriate service categories included in the state plan, e.g., outpatient hospital, physical therapy, occupational therapy and speech therapy, rehabilitative services for persons with mental illness (RSPMI) and home health.

STATE	<i>Arkansas</i>	A
DATE REC'D	JAN 12 1995	
DATE APP'D	FEB 22 1995	
DATE EFF	FEB 15 1995	
HCFA 179	<i>93-01</i>	

SUPERSEDES: NONE - NEW PAGE

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AMOUNT, DURATION AND SCOPE OF
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Superseded by 100-12
June 1, 2000
CATEGORICALLY NEEDY

4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

21. Other Licensed Practitioners

1. Licensed Certified Social Worker (LCSW)

- a. Services are limited to Medicaid eligible recipients under age 21 in the Child Health Services (EPSDT) Program.
- b. Services must be provided by a licensed certified social worker (LCSW) who has a Master's degree in social work from a graduate school of social work accredited by the Council on Social Work Education (CSWE). The LCSW must be State licensed and certified to practice as a Licensed Certified Social Worker (LCSW) in the State of Arkansas and in good standing with the Arkansas Social Work Licensing Board.
- c. A referral must be made by a Medicaid enrolled physician documenting services are medically necessary. Covered outpatient LCSW services are:
 1. Diagnosis
 2. Interpretation of Diagnosis
 3. Crisis Management Visit
 4. Individual Outpatient - Therapy Session
 5. Marital/Family Therapy
 6. Individual Outpatient - Collateral Services
 7. Group Outpatient - Group Therapy

2. Licensed Professional Counselors (LPC)

- a. Services are limited to Medicaid eligible recipients under age 21 in the Child Health Services (EPSDT) Program.
- b. Services must be provided by a licensed professional counselor (LPC) who must possess a Master's degree in mental health counseling from an accredited college or university. The LPC must be licensed as a Licensed Professional Counselor and be in good standing with the Arkansas Board of Examiners in Counseling.
- c. A referral must be made by a Medicaid enrolled physician documenting medical necessity. Covered outpatient LPC services are:
 1. Diagnosis
 2. Interpretation of Diagnosis
 3. Crisis Management Visit
 4. Individual Outpatient - Therapy Session
 5. Marital/Family Therapy
 6. Individual Outpatient - Collateral Services
 7. Group Outpatient - Group Therapy

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STATE	DATE REC'D	DATE APP'D	DATE EFF	HCFA 179
Arkansas	09-27-00	07-26-00	06-21-00	00-06

SUPERSEDES: NONE - NEW PAGE